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ABSTRACT

The bibliography is part of an extensive study of the barriers to women's success in the schools and practice of eight health professions. It divides resources into 14 segments: one covers the health professions in general; one treats women and careers in general; one is devoted to each of eight health professions (medicine, osteopathic medicine, dentistry, veterinary medicine, optometry, podiatry, pharmacy, and public health); a section covers research on women's socialization and roles, sex stereotyping, and the nature of discrimination; one lists important legislation having to do with women, higher education, and the law; one section covers general information sources; and an annotated bibliography is provided for the major resources used in the study. (MSE)

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AN EXPLORATORY STUDY OF WOMEN IN THE HEALTH PROFESSIONS SCHOOLS

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VOLUME X: ANNOTATED BIBLIOGRAPHY

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WOMEN'S ACTION PROGRAM
Department of Health, Education, and Welfare

EXPLORATORY STUDY OF WOMEN IN THE HEALTH PROFESSIONS SCHOOLS

VOLUME X: BIBLIOGRAPHY AND ANNOTATED BIBLIOGRAPHY

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The Women's Action Program
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The opinions and conclusions expressed in this report are URSA's and do not necessarily reflect those of the Department of Health, Education, and Welfare.

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XII. WOMEN, HIGHER EDUCATION AND THE LAW

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AHO, William R., "Career Choice and Identification with the Medical Profession", Social Science and Medicine, Vol. 6, 1972, pp. 753-758.

Article summarizes the works by the American Medical Association, Rogoff, Lyden and others on career choices in medicine, and differences between students in public and private medical schools in the United States. In addition, the author includes his more recent research results of studies on career orientations in first and fourth year medical students, also at private and state-supported U.S. medical schools.

Findings

Rogoff: Examined 6 classes at University of Pennsylvania on age of career choice. Found that early deciders (before the age of 14/15) had strongest medical career preferences, and also for the interpersonal rather than the intellectual aspects of medicine.

Lyden: Retrospective study of 2,000 physicians, graduates from 6 public, and 6 private schools. Found that graduates from public schools are more likely than graduates at private schools to become general practitioners. Teachers and researchers were twice as likely to come from private schools. Also private schools encourages their students more than public to specialize, and also provided less financial support.

Aho: Studied first and fourth year students at two medical schools, one private and one state school, on nature and extent of identification with medical profession on four measures:

1. social activities of medical students - In comparison with first year students, fourth year students at the public school engaged more in social activities than their counterparts at private schools; however, there were more total social activities at the private school.
2. Age of decision to become a physician - Early deciders were more prevalent at the state school than the private, but they were less than 50% of the population at both schools.
3. Medical profession as only career choice - This occurred more often at the state schools than the private, and more in the first year class than the fourth; however, this was not longitudinal.
4. Ideal model physician - Some proportion of first and fourth year students had an ideal model at both schools: one-half to two-fifths of all students. Sixty percent of seniors at the state school, and 81% of seniors at the private, named a professor at the school as an ideal physician.

Aho also found that state school students associated more with their fellow students, and showed an early and strong commitment to a career in medicine.

AKERS, Ronald, and Quinney, Richard, "Differential Organization of Health Professions: A Comparative Analysis", American Sociological Review, Vol. 33, No. 1, February 1968, pp. 104-121

The article presents a paradigm for measuring overall organization strength of five health professions: medicine, dentistry, optometry, pharmacy, and chiropracty. It presents data on the organizational resources and specific structural variables of each field with an emphasis on the importance of cohesion for the strength of each profession.

Through the use of measures based on organizational resources and the amount of cohesiveness in each organization, the study concludes that there are three categories of organizational strength that are as follows, going from strongest to weakest:

1st order: Medicine - Dentistry
2nd order: Optometry - Pharmacy
3rd order: Chiropracty.

ALMQUIST, Elizabeth M, and Angrist, Shirley S., "Role Model Influences on College Women's Career Aspirations", Merrill-Palmer Quarterly of Behavior and Development, Vol. 17, No. 3, 1971, pp. 263-279.

The notion that college women who prefer a career over marriage are psychologically deviant both in early development and in their family relationships is refuted by findings of a longitudinal study of one class from the women's college of a small, private, coeducational and technologically oriented university. Previous studies have indicated that most college women consider themselves eligible for marriage and career but put career as a secondary option. Those who assign priority to a career constitute a decided minority, and the conclusions drawn from the present study are held as evidence that this minority may have had enriching childhood experiences which provide broader views of appropriate female roles. (From: Cromwell, NIMH Bibliography, 1974)

ALPER, Thelma G. "The Relationship Between Role Orientation and Achievement Motivation in College Women", J. of Personality, Vol. 41, No. 1, 1973, pp. 9-31.

The Wellesley Role Orientation Scale (WROS) is described, and differences in the thematic content of the fantasies of female subjects who score at opposite ends of the scale are reported. The results of the initial experiment in which the role orientation measure was used and a subsequent partial replication study are included. The sex of the stimulus figure variable and methods of scoring for achievement imagery are evaluated. The results support the prediction that achievement motivation in women is significantly related to sex role orientation. Subjects who score as low feminine on the WROS usually tell high success stories, while high feminine scorers usually tell low success stories or stories related to men. A replication study indicated that the relationships reported are relatively stable. (From: Cromwell, NIMH Bibliography, 1974)

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ANDREAS, Carol, Sex and Caste in America, Prentice-Hall, Inc., Englewood Cliffs, N.J., 1971.

A text-like book which argues that the male-female positions in our society have the characteristics of the caste system. That is, an individual's social and occupational status is defined by the sex into which s/he is born. Because of this, both sexes are victimized by a system which rigidly defines their roles at birth. The book has chapters on socialization by sex, education, the world of work, law and morals, and a short history of the women's movement.

ANGRIST, Shirley S., "Measuring Women's Career Commitment", Sociological Focus, Vol. 5, No. 2, 1971-1972, pp. 29-39.

The author states that women's career aspirations must be viewed as integral to life style choices and commitments. The Life Style Index was constructed to measure college women's career aspirations. Measures were developed empirically from longitudinal data contrasting career and non-career women in five areas: 1) educational aspiration, 2) occupational aspirations, 3) work values, 4) work motivation, and 5) familial aspirations. Occupational aspirations did not remain in the Life Style Index, but the following variables were in the Index: 1) postgraduate educational plans, 2) valuation of freedom from close supervision in one's occupation, 3) ages of children, 4) adequacy of husband's earnings, and 5) self-conception as a career women. The Index has high test-retest reliability coefficients.

ANONYMOUS, "Women Dentists", British Dental Journal, Vol. 24 , No. 2, January 16, 1968.

The shortage of dentists has led in recent years to a number of surveys attempting to provide information enabling better use of available women dentists, and more effective recruitment of women into the profession. In Great Britain in 1965, the BDA helped the women's Inter-Professional Working Party carry out a survey among women on the Dentist Register. Questionnaires were sent to 1700 women dentists, of whom 1200 responded. Of the respondents, 83.5% were practicing full- or part-time. Of the 183 married women not practicing, 89 gave the reason of pregnancy or preoccupation with home and family. Some reported difficulty in finding part-time work near their home, and of these, some felt that such opportunities were limited by the employment of auxilliaries in the school dental service. Also, a lack of confidence due to a break in continuity was reported by a significant number of women, who would have appreciated a refresher course. Some reported difficulty in finding suitable household help, or the prohibitive cost of such help as a reason for not practicing. The Inter-Professional Working Party will be engaging in further studies of dis-incentives in Great Britain's fiscal system to married women with families to practice their profession.

This article also contains some general comments about the pioneer struggle of women in dentistry, with specific mention of Lillian Murray, the first

woman to obtain a British dental qualification; Lillian Lindsay, the first woman president of the British Dental Association; and Margherita Loretz, who fought primitive conditions in school dental service beginning in 1921.

ARNOTT, Catherine, "Husbands' Attitude and Wives' Commitment to Employment", J. of Marriage and the Family, Vol. 34, No. 4, 1972, pp. 673-684.

Primacy of home duties and a dependent relationship on her husband have been traditional role expectations for American wives. Two current trends challenge the image of dependent homemaker. First, the dual role of home and employment is increasingly popular among married women; for some this means career-commitment. Second, the new wave of feminism stresses autonomy (self-determination) for women. These two factors may be important in recasting or shattering the mold of American family life, especially through their impact on the marital relationship. Repeatedly, research has indicated how crucial the husband's attitude is for adjustments necessitated by the wife's employment. This research attempted to determine whether married women seek to make their role preference congruent with that of their husband. The study also examined the effect of wives' attitudes to autonomy for women on their expectations as to which partner should adjust when there is tension or conflict over her role. Secord and Backman's theory of interpersonal congruency provided the theoretical model for the research. This theory suggests that behavioral stability and change are determined by one's desire for congruency in the interpersonal matrix formed by (S) self-concept, (B) relevant behavior, and (O) the perceived reaction of significant others. When incongruency threatens, adjustment is made among the components S, B, and/or O. A purposive selection of women's clubs was made, and members were given mail-back questionnaires for themselves and their husbands. The women surveyed covered a broad range in terms of commitment to employment and attitude to autonomy for women. Two hundred and thirty-five questionnaires were returned; most included the husband's also. The hypothesis that shared husband-wife role preference leads to role continuity or change, depending on whether this preference was for her present role or a different one, was strongly supported. The hypothesis that women with a liberal attitude to autonomy expect their husbands to make more adjustments and those with a conservative attitude expect to make more adjustments themselves was supported in general interaction but not when wives occupied roles in defiance of their husbands. Women moderate in attitude to autonomy evidenced more ambiguity over their roles than either the conservative or liberal women. (From: Cromwell, NIMH Bibliography, 1974)

ASH, Mildred, M.D., "The Changing Attitudes of Women: Implications for Psychotherapy", J. of the American Medical Women's Association, Vol. 29, No. 9, September, 1974, pp. 411-413.

This article traces changes in women's perceptions of themselves starting at the post World War II period when the author entered medical school. She describes herself and her classmates as "marriage rejects", older than the

males, often with advanced degrees, and having long been convinced that such education would vastly decrease their chances for normal family life. This period marked a return of women to their homes in contrast to the World War II years requiring women to perform in the labor market. The percentage of women in the professions dropped as women subscribed to beliefs about their roles--to acceptance of the notion that the entire solution to their need for identity came with motherhood.

The author sees the role of the therapist changing with the new feminism. She asserts that the young women actively engaged in pursuit of a career need help in dealing with the double goals of motherhood and another identity. Women have problems, fearing their ambition and aggression, and that they will be less desirable as a mate if they are competent as people.

Ash contends that women are not entirely the victims of culture or male attitudes but rather have their own hierarchy of values. Ranking highest is the desire for marriage and a family and thus the most competent women may not be motivated toward education or career at the age a man is. Thus, there must be an effort to encourage women who later recognize their wider ambitions--efforts to support a woman who will be the oldest in her class. In this situation, a therapist might be useful.

AUBUCHON, Marie Terese, "The Woman O.D.", J. of the American Optometric Association, Vol. 45, No. 4, April 1974, pp. 477-482.

This article summarizes the results of a questionnaire sent to women optometrists and optometry students, which had a sample size of 109 O.D.'s and 15 O.D. students. The study found that the most important factor in career choice was a "success image", that is, 40% of the respondents had family members in optometry, and the others were often affected by the family optometrist. All agreed on the need for, and lack of, proper school counseling. The majority of O.D.'s denied experiencing discrimination, but eight of 15 O.D. students mentioned discrimination in attitudes of teachers and clinical instructors. Also mentioned is the American Optometric Association's service of sending a list of women O.D.'s to students desiring information concerning concerning career in optometry.

AUSTIN, Grace Balinas, Margaret Maher, and Carmine J. Lo Monaco, "Women in Dentristry and Medicine: Attitudinal Survey of Educational Experience", J. Dental Education, November, 1973, pp. 11-17

In 1972 a college-wide committee on the status of women at the College of Medicine and Dentistry of New Jersey conducted an attitudinal survey to determine how present and former students felt their educational experience had been affected by the fact that they are women. A questionnaire with a section for comments was answered by 49.8% of the subjects. Most women did not find

overt discrimination, although subtle and covert prejudice was perceived by many of the respondents. More negative attitudes were experienced in interaction with fellow students and ancillary personnel. A few individual departments and specialties were regarded as prejudiced against women. Seventy-seven percent of the respondents felt that they encountered no more difficulties than their male counterparts. (FROM: Center for Women in Medicine, 1974)

BARUCH, Grace K., "Maternal Influences upon College Women's Attitudes Toward Women and Work", Developmental Psychology, Vol. 6, No. 1, 1972, pp. 32-37.

In a two-stage procedure with 86 college females, alternate hypotheses concerning women's tendency to devalue feminine professional competence were assessed. In the first hypothesis, the devaluations were viewed as the products of out-group self-prejudice; it was predicted that women who devalue have negative attitudes toward the career role and associate it with negative personal and social consequences. The alternate hypothesis was that the devaluations are products of a traditional feminine sex role standard learned from a non-working mother. The maternal model's attitudes and experiences with respect to work were relevant to both hypotheses and were studied through individual interviews with subjects in the high and low quartiles of a group measure of tendency to devalue. Results support the competence model hypothesis and are discussed in relation to the problem of changing the status and attitudes of women. (FROM: Cromwell, NIMH Bibliography, 1974)

BECKER, Marshall H., Katasky, Marilynn E., and Seidel, Henry M., "A Follow-up Study of Unsuccessful Applicants to Medical Schools", J. of Medical Education, Vol. 48, 1973, pp. 991-1001.

The authors followed the academic and career paths of a national, stratified sample of individuals who at one point in time were rejected by the medical schools to which they applied. Ninety-eight rejectees completed a self-administered questionaire which solicited information on the respondent's college major and abilities in the physical and biological sciences, chemistry, and mathematics; Medical College Admission Test (MCAT) scores; application patterns (including reapplication "persistance"); influence of various sources in the decision to enter medicine; perceived reasons for rejection; and factors related to subsequent academic and career decisions. Fifty-two percent of the unsuccessful applicants ultimately entered occupations with lower educational requirements, and 82% of the women who entered the health field became laboratory technicians. In general, respondents felt they received little help from their college advisors at the time of rejection, and it is suggested that with appropriate counseling many qualified rejectees might be encouraged to undertake further training for health-related careers.

Annotated Bibliography
CONTRACT: HEW OS-74-291

BELLANTI, Neal D., Mayberry, William E., and Tira, Daniel E., "Relation Between Selected Predictor Variables and Grades in Fixed Prosthodontics Laboratory", J. Dental Education, Vol. 36, 1972, pp. 16-21.

The following predictor variables were used in multiple regression analyses: DAT Chalk Carving, DAT Space Relation, DAT General Achievement and undergraduate GPA for three consecutive dental classes. The criterion was the grade received in fixed prosthodontic laboratory for the first, second, and third year classes respectively. For all three classes, chalk carving was found to be the best predictor with predental GPA the second best. These results seem to indicate that the Chalk Carving test that was formerly used as a selection tool might have some reliability and validity in predicting psychomotor performance.

BENEDEK, Elissa P., "Training the Woman Resident to be a Psychiatrist", Amer. J. of Psychiatry, Vol. 130, No. 10, 1973, pp. 1131-1135.

The author focuses on the problems of the woman resident and draws upon her own experience to illustrate her point that women are not accorded the same consideration as other minorities and that, for women, the residency period may be one of loneliness and misunderstanding. She observes that women have as much to learn from men as men from women and concludes that, if there are enough women staff members to make it possible. each woman and man in a residency program should have some personal supervisory experience with a woman staff supervisor. (FROM: Cromwell, NIMH Bibliography, 1974)

BOWERS, JOHN Z., M.D., "Special Problems of Women Medical Students", in J. Medical Education, Vol. 43, May, 1968.

In a paper presented to the AAMC in 1967, the author points out some of the problems women face which need to be remedied. He notes that women medical students share many problems also facing minorities, especially isolation, resentment, and harassment. He points out the high proportion of women doctors in other countries, noting the social and cultural deterrents U.S. women face--such as the traditional roles of marriage and child-rearing. The college counsellors often reinforce this attitude, and state that medicine is inappropriate for women. Medical schools could attract more women by developing working relationships with pre-med advisors in colleges, particularly women's schools. Although unpublicized quota systems for women have largely disappeared, the author states that medical schools scrutinize women more closely, assuming motivation in the men but requiring proof from the women. The author examines the traditional/career role conflict; the difficulty of self-identity for women in a heavily male system; specialty choices; and part-time vs. full-time residencies and employment.

BRINDLEY, Fern Belle, "Social Factors Influencing Educational Aspiration of Black and White Girls", Dissertation Abstracts International, Ann Arbor, Michigan, University Microfilms, No. 71-1648 (HC, $10, MF, $4), 129 pp.

The influence of parents, peers, teachers and counselors upon the level of educational aspiration of more typically middle- and lower-class adolescent black and white girls was investigated. The correlation coefficients of middle-class black and white girls differed significantly only in the correlation between the aspiration level of these girls and that of the girls used for comparison on the basis of intellectual motivation. The correlation coefficients of the lower-class girls were not significantly different on any of the self-assessment variables. Results did not support the hypotheses that girls who perceive conflicting expectations from parents and peers or father and mother especially value the expectations of a teacher or counselor in goal setting. Only the expectations of an older sibling or relative were perceived to bear a significant relationship to the goals of all four groups of girls. (FROM: Cromwell, NIMH Bibliography, 1974)

BROVERMAN, Inge, et al., "Sex-role Stereotypes: A Current Appraisal", J. Social Issues, Vol. 28, No. 2, 1972, pp. 55-78.

A review of the literature on sex roles indicates the following general findings.
1. A strong consensus about the differing characteristics of men and women exists across groups which differ in sex, age, religion, marital status, and educational level.
2. Characteristics ascribed to men are positively valued more often than characteristics ascribed to women. The positively-valued masculine traits form a cluster of related behaviors which entail competence, rationality, and assertion; the positively-valued feminine traits form a cluster which reflect warmth and expressiveness.
3. The sex-role definitions are implicitly and uncritically accepted to the extent that they are incorporated into the self-concepts of both men and women. Moreover, these sex-role differences are considered desirable by college students, healthy by mental health professionals, and are even seen as ideal by both men and women.
4. Individual differences in sex-role self-concepts are associated with (a) certain sex-role relevant behaviors and attitudes such as actual and desired family size, and (b) certain antecedent conditions such as mother's employment history.

CAMPBELL, Margaret, "Why Would A Girl Go Into Medicine", Medical Education in the United States: A Guide for Women, The Feminist Press, Old Westbury, N.Y., 1973. (Margaret Campbell is a pseudonym used by Mary Howell, M.D., former dean of admissions at Harvard University Medical School.)

Dr. Campbell's survey of discrimination against women in U.S. medical schools documents the hostile and deprecating attitude of many physicians toward female students and patients. In a straightforward,

scholarly manner, Campbell shows how male physicians are systematically conditioned to feel contempt for women, and describes how difficult it is for women medical students to survive in such a hostile environment.

Campbell's report is based on questionnaire responses from 146 women students in 41 U.S. medical schools, the author's own experiences in medical education, observation and conversation with medical students and educators, and official documents and publications. The report covers formal institutional discrimination, personal overt and covert discrimination, and coping mechanisms, and presents data on the proportion of women admitted to specific medical schools in recent years. (FROM: Ruzek, Sheryl, Women and Health Care, 1973)

CARTWRIGHT, Lillian Kaufman, "Conscious Factors Entering into Decisions of Women to Study Medicine", J. Social Issues, Vol. 28, No. 2, 1972, pp. 201-215.

The data presented discuss the motivations and personality of the female medical school student from the University of California, San Francisco campus. Inductive analyses of conscious reasons for entering medical school reveal the importance of encouragement from others, long-standing interest, self-development motives, and altruism. In contrast to studies reported on male subjects, economic and prestige factors as well as the unreachable aspect of other occupations are seldom mentioned by women. (FROM: Cromwell, NIMH Bibliography 1974)

CARTWRIGHT, Lillian Kaufman, "Personality Differences in Male and Female Medical Students", Psychiatry in Medicine, Vol. 3, 1972, pp. 213-218.

In an attempt to answer the question "Do women bring a different perspective to their medical studies than their male classmates?", two psychological tests were given to freshman medical students from 1960 to 1967. The women saw themselves as more willing to admit weakness and express feelings, and as more totally committed to their goals. Women scored higher on scales measuring responsibility, socialization, tolerance, and on two of the three achievement scales. Women were generally more alert to moral and ethical issues and valued independence and individuality to a greater degree than male medical students or educated women in other fields.

CENTRA, John and Guilani, Betty, "The Woman Veterinarian", Personnel and Guidance Journal, June, 1968, pp. 971-975.

Report of a study to determine the differential factors that influenced men and women's choice of veterinary profession, satisfaction with that choice, and professional practice patterns. Women's choice of the veterinary profession was more influenced by pet ownership, experience with horses, a desire to relieve animal suffering, and parental influence, whereas men were more influenced by farm experience. Both men and women were influenced by their enjoyment of high school science courses. Women also felt that they had to overcome the opposition of significant others at home and in school.

In regard to professional experiences, women were more likely to enter and remain in small animal practice . Women were actively engaged only 78% of the total possible work years, as opposed to 98% for men. Women also practice part-time more often, and receive less salary, than their male counterparts.

When asked if they would choose to practice veterinary medicine again, 89% of the women replied in the affirmative (the others felt that the role conflict was the greatest drawback), whereas only 78% of the men did so (the others would have preferred the money and status associated with a medical degree).

CHAMBERS, David W., "Discrimination Indexes for Improving Dental School Admissions", J. Dental Education, Vol. 37, January 1972, pp. 32-41.

Discrimination indexes, similar to those used in item analysis procedures, are suggested as an alternative to multiple regression analysis for admissions procedures. Admissions committees should first select those variables that are considered the most "important" in the selection of applicants, i.e., undergraduate GPA-3.00; science GPA-2.75; and Manual Average from the DAT-4. Using data available from previously selected students, it can then be determined how well each variable discriminates between those students who "succeed" and those who do not.

COHEN, Lucy M., "Social and Cultural Patterns of the First Women Dentists, Pharmacists and Physicians of Columbia", unpublished manuscript, NIMH Fellowship, Catholic University of America, Washington, D.C., 1967.

Data was collected through semi-structured interviews and participation in professional activities from 56 women graduates in medicine, dentistry, and pharmacy in 1965. Professionals represent 21% of the women dentists, 56% of the women physicians, and 33% of the women pharmacists in Columbia.

Information was collected on the social and cultural backgrounds of these women. Most of the women (60 - 61% for each profession) came from public schools (rather than private or religious schools), reflecting the orientation of public schools of the period toward introducing new values on female education and work in their society. Parents tended to encourage their daughters' educations, although medicine, since it is seen as requiring greater "dedication" and therefore a threat to a daughter's future family life, was actively discouraged. Many women entered dentistry or pharmacy as a compromise.

The marital status and number of children are similar for all professions (see Cohen, "Columbian Women Dentists and Physicians" also reviewed, for details). Women pharmacists were more likely not to practice (20%, over 8% of the dentists and 6% of the physicians), or work part-time (22%, with 20% of the dentists and 6% of the physicians engaged in part-time practices).

Cohen, Lucy M., "Columbian Women Dentists and Physicians: Life Patterns", unpublished manuscript, Catholic University of America, no date (study research conducted 1964 - 1965).

The sample for the study consisted of 23 dentists and 18 physicians, representing approximately 21% of the women dentists and 56% of the women physicians graduating from Columbian training programs between 1936 and 1954. Columbian women were first permitted to enter universities in the 1930's. In 1964, about 20% of all dentists graduated since 1936 were women, and 2.2% of all physicians who graduated since 1924 were women.

Most of the women interviewed were married (67% of the physicians and 65% of the dentists). Most had children (mean 3.2 for physicians, 2.8 for dentists). Physicians had a higher tendency to remain in full-time work (88% of physicians and 70% of dentists worked full-time, an additional 22% of the dentists and 6% of the physicians worked part-time).

Care was taken by respondents to integrate married life with their careers. Women avoided those medical specialties which would conflict with proper family life (like obstetrics), and this tendency accounts in some measure for the preference for dentistry over medicine as a career for women. A number of informants associated decisions to work with the husband's approval, and the women also emphasized that they would not be able to work without household assistance. The husband's support of the women's desire to work is described as unusual and as not typical of "the average Columbian husband". Those women who were not working identified their decision as a mutual one between themselves about family concerns. The presence and number of children (except for one woman with 10 children) did not appear to be a factor in the decision to work.

While a total of 88% of the respondents belonged to professional associations 54% belonged to professional associations exclusively, and not the voluntary ones. In a country where voluntary associations perform a multitude of social functions (alumni groups, social clubs civic and religious groups), the lack of multiple memberships is unusual. Most respondents indicated the lack of time or a desire for "independence" from limiting memberships. The author feels that the desire for "independence" is a function of the lack of satisfactory cultural role models for these women, and represents a "moving away" from a society which is incompatible with their concerns.

COLE, Roger and Cohen, Lois, "Dental Manpower: Estimating Resources and Requirements", The Milbank Memorial Fund Quarterly, Vol. 49, No. 3, July 1971, Part 2.

The paper by Roger Cole and Lois Cohen on dental manpower is a demographic essay challenging a traditional reliance on dentist-population ratios to estimate need. It proposes other potential components that, though not previously utilized, might be available through current data collection mechanisms. (FROM: The Milbank Memorial Fund Quarterly, Introduction, p. 11)

The Committee on Medical Care Teaching, Readings in Medical Care, The University of North Carolina Press, 1958.

Designed as a basic book of readings for a course in medical care administration/organization, this book provides excellent overview articles on most aspects of the medical care field. The book was designed to pull together basic materials that teachers of medical care had found useful but were unavailable in any compiled form at the time of its publication. This book has become something of a classic in providing sound background materials for the study of medical care organization and delivery.

Committee on the Education and Employment of Women in the University, "The Stanford Woman in 1972", Stanford University.

An interesting study which found that the men and women of the 1972 senior class have very similar occupational aspirations, with little difference between the percentages of men and women who plan to become professionals. As regards sex discrimination, most women denied having any such experience while at Stanford, but approximately one-quarter felt that they had been discouraged from some academic or occupational goal. Even if women chose non-traditional careers, they tended to fall into stereotypical categories (i.e., women physicians became pediatricians). However, women who chose the male-dominated fields such as science had decided this before they entered Stanford.

Recommendations included communicating women's changing ambitions to all professors, advisors and administrations. Departments with fewer than 25% women should experiment with methods of attracting more women.

DENZIN, Norman K., and Mettlin, Curtis J., "Incomplete Professionalization: The Case of Pharmacy", Social Forces, Vol. 46, No. 3, March, 1968, p. 375.

This article analyzes pharmacy as an occupation which has taken on some, but not all, of the characteristics commonly ascribed to the professions. Consideration is directed to factors of recruitment, symbolic social objects, and the achievement of mandate within pharmacy. It is concluded that pharmacy has achieved a state of incomplete professionalization, and the similar ties to other occupations, such as library science, optometry, and chiropracty are discussed.

DYKMAN, Roscoe A., and Stalnaker, J.M., "Survey of Women Physicians Graduating From Medical Schools, 1925 - 1940", J. Medical Education, Vol. 32, No. 3, March, 1957.

A large scale study, based on questionnaire data from 1040 female and, as a control group, 697 male physicians, which documents the differences in career patterns and attitudes of male and female physicians. The overall results of the study indicate that, whereas most women practice medicine on a full or part-time basis, they do not (including single women) equal men in the volume

of medical work done. They conclude that "Women physicians are making a substantial contribution to the nation's health."

EHRENREICH, Barbara, and English, Deirdre, Complaints and Disorders: The Sexual Politics of Sickness, Glass Mountain Pamphlet No. 2, The Feminist Press, Old Westbury, N.Y., 1973.

In this delightfully illustrated pamphlet, Ehrenreich and English focus on the social role of medicine, and emphasize that changing the medical system is strategic for women's liberation. Their major thesis is that "Medicine's prime contribution to sexist ideology has been to describe women as sick, and as potentially sickening to men." (p. 5) To substantiate this claim, they describe how Nineteenth Century middle- and upper-class women were treated as delicate and sick while lower-class women were feared as sickening--potential carriers of dreaded diseases. They also point out how gynecologists' role as definers of female sickness and weakness was taken over by psychiatrists so that today, women's "defectiveness" is more often defined as mental than physical. Overall, the authors marvel at the plasticity of medical science, which so efficiently fits the need of the dominant male ideology. (FROM: Ruzek, Sheryl, Women and Health Care, 1973)

EHRENREICH, Barbara and English, Deirdre, Witches, Midwives, and Nurses: A History of Women Healers, Glass Mountain Pamphlet No. 1, The Feminist Press, Old Westbury, N.Y., 1972.

The authors argue that health care is largely in the hands of male professionals, not because of their superior scientific or technological skill, but as a result of an active takeover on their part. From this position, they examine the suppression of witches in medieval Europe and describe the rise of the male medical profession in 19th Century America. They point out that both of these events involved the ousting of lay female healers by male professionals. And they argue that these male takeovers were political struggles--part of the general history of sex struggle and class struggle. For women healers were people's doctors while male professionals have served the interests of the ruling class, both medically and professionally. (FROM: Ruzek, Sheryl, Women and Health Care, 1973)

EPSTEIN, Cynthia Fuchs, Woman's Place: Options and Limits in Professional Careers, University of California Press, Berkeley, California, 1970, 220 pp.

The author contends that the best women--those in which society has invested most heavily--underperform, underachieve, and underproduce. Society has wasted them, and they have wasted themselves. Why this is so and how it occurs is the focus of the book. Sociological analysis is used to identify the social factors that assign women to their place, and also arouse debate over whether this relegation is any longer necessary or desirable. (FROM: Cromwell, NIMH Bibliography, 1974)

FLOM, Penelope, "Predicting Optometry Grades from the OCAT and Pre-Optometry Grades", Am. Journal of Optometry and Physiological Optics, Vol. 51, No. 6, June 1974.

This article addresses the need of optometry admissions personnel to select students most likely to success in their coursework, as well as best exemplify the personal qualities desired in the professional. To this end, OCAT scores and pre-optometry grades were evaluated as predictors of grades in first and second year optometry students. The OCST was designed to assess academic achievement and aptitude for optometry training, and includes verbal ability, quantitative ability, biology, chemistry and physics, and study-reading. Eight personality measures are also included. The author notes the relatively poor predictive ability of the MCAT, but found the biology, chemistry and physics tests of the OCAT, as well as the verbal ability test to correlate significantly with optometry grades. However, the best predictors of high grades were the math and science pre-optometry grades. The addition of OCAT measures to math and science pre-optometry GPAs enhanced the forecast, with the most efficient combination being the pre-optometry GPAs plus the OCAT biology test. The personality measures had no relationship to grades in the first and second year of optometry school. Thus, the OCAT seems to be a much better predictor of grades than the MCAT.

The author postulates that the failure of the personality measures to have predictive values does not suggest that personality variables are unrelated to performance in optometry, but rather that the particular variables assessed by the tests used are not among those related to optometric success. In another study, the author apparently found the CPO (California Psychological Inventory) to be a highly significant forecaster of students' clinical performance in optometry, and also relates to grades in optometry school.

FREEMAN, Howard E., Levine, Sol, and Reeder, Leo G., Handbook of Medical Sociology, 2nd Ed., Prentice-Hall, Inglewood Cliffs, N.J., 1972

One of the standard readers in medical sociology, the text is a compilation of 22 articles dealing with a wide variety of issues in medical sociology. Topics include the sociology of various types of illnesses, medical education, and methods of socio-medical research. These areas are of particular interest for professionals involved in teaching and research in health and medical care. Other areas of the book, such as those dealing with patterns of health care services, public health in the community, and the political implications of health care are of more general value to laymen in professional life. Bibliographies are provided at the end of each article, and an extensive bibliography on social research in health and medicine is provided at the end of the book.

GRAHAM, P. A., "Women in Academe", Science, Vol. 169, 1970, pp. 1284-1290.

The history of women in higher education is discussed, and it is noted that reasons for opening up such education to women have been economic, not ideological. The present low status of women in top positions in higher education

is reviewed, and possible explanations are given, such as discrimination, internal ambivalence, lack of publication, lack of time, and nepotism rules. Corrective measures are suggested: appointment to senior faculty and administrative posts, part-time professional appointments, maternity leave, allowing husbands and wives on the same faculty, day care centers, and curriculum changes. (FROM: Cromwell, NIMH Bibliography, 1974)

GINZBERG, Eli, Life Styles of Educated Women, Columbia University Press, 1966, 224 pp.

Report of a study of lifestyles (inter-relations between roles as homemakers, workers, students and community members) of college graduates. A sample of the Columbia University roster of women graduate students who were in the top of their classes 1945 - 1951 was chosen. The author used questionnaires, and occasionally the telephone, to interview subjects. The report is broken down into descriptive sections on "Development and Education", "Options and Decisions", Family and Community", "Work and Careers", "Occupational Achievement", "Accommodation", "Satisfactions and Fulfillment", "Lifestyles", and "Work in the Lives of Women". The final section includes policy recommendations.

HELSON, Ravenna, "The Changing Image of the Career Woman", J. of Social Issues, Vol. 28, No. 2, 1972, pp. 33-46.

Social determinants of attitudes toward career women and changes in these attitudes are discussed. During the 1950s there was an effort to assimilate the idea that a married woman could work if her family came first. Women with genuine career interest were described as both rare and maladjusted; research data were interpreted as supporting this negative view. Today there is a decrease in the emphasis on motherhood and a new look at career women. Even women who matured in an earlier day have been favorably described in research findings. Current research gives a more differentiated view of the personality of career women, analyzes the institutional arrangements and prejudiced attitudes which handicap women, and reappraises the concepts of masculine and feminine characteristics and their roles in the personality. (FROM: Cromwell, NIMH Bibliography, 1974)

HENRY, Joseph, L., "Health Professions Educational Assistance Actions--An Overview", J. Dental Education, Vol. 35, March, 1971, pp. 4-5.

From the viewpoint of an administrator of a health professional school, inadequacies of the financial aid provisions and dependency on the federal government are identified as problems associated with HPEA.

HOLMSTROM, Engin Inel, "Trends and Career Changes in the Health Fields: A Comparison with other Disciplines; Executive Summary", Policy Analysis Service, American Council on Education, Submitted to DHEW, BHRD, HRA, Washington, D.C., August, 1974.

The executive summary portion of the Holstrom report gives a fairly detailed description of the results of a three-phase study which began during the academic year 1966 - 1967. Data were drawn from ACE's Cooperative Institutional Research Program, which annually since 1966 has surveyed the entire entering class at a national sample of higher education institutions, and, at subsequent intervals, followed up on smaller sub-samples of the same students.

"Health aspirants" among the 1.3 million first year full-time students were defined as those who said they planned to major in one of the following fields: biology, biochemistry and other biological sciences, health technology, nursing, pharmacy, pre-dentistry, pre-medicine, pre-veterinary medicine, and therapy. The second phase compared first year "health aspirants" from 1966, 1968, 1970 and 1972 to detect changes over the six-year period. In addition, analyses were conducted by sex and race. The third phase focussed on career choice rather than study field major. The careers included: dentist, dietician, or home economist, lab technician or hygenist, nurse, optometrist, pharmacist, physician, therapist, and veterinarian. Profiles were made for the five most popular groups, including dentists, lab technicians, nurses, physicians, and therapists. In addition, a comparison was made between family practitioners and specialists among the aspiring physicians. The report contains no tables, but the text cites much data.

HORNER, Matina S., "Toward an Understanding of Achievement-Related Conflicts in Women", J. of Social Issues, Vol. 28, 1972, pp. 157-175.

The motive to avoid success is conceptualized within the framework of an expectancy-value theory of motivation. It is identified as an internal psychological representative of the dominant societal stereotype which views competence, independence, competition and intellectual achievement as qualities basically inconsistent with femininity, even though positvely related to masculinity and mental health. The expectancy that success in achievement-related situations will be followed by negative consequences arouses fear of success in otherwise achievement-motivated women which then inhibits their performance and levels of aspiration. The incidence of fear of success is considered as a function of age, sex, and educatic ., and occupational level of subjects tested between 1964 and 1971. Impairment of the educational and interpersonal functioning of those high in fear of success is noted and consequences for both the individual and society are discussed.

In a study conducted by M. Schwenn (1970) on 16 women undergraduates at an outstanding eastern women's college, all those who began to study natural sciences with the intent to pursue medicine switched to a major which would prepare them for traditionally female areas. Horner (1968) found that 88.9% of the women high in the Motive to Avoid Success were majoring in humanities and 56% of those low in anxiety were concentrating on subjects like math and chemistry.

Annotated Bibliography
CONTRACT: HEW OS-74-291

Table 1, p. 160, "Incidence of Fear of Success Imagery in Samples Tested 1964 - 1970" shows an increase in fear of success imagery for men and women. Negative consequences expressed by males are in response to cues about men who have come to be viewed as lacking social consciousness or selfish personalities. The content reflected concerns with "nonmaterialistic things and satisfaction in life" rather than masculinity.

JANEWAY, Elizabeth, Man's World, Woman's Place, William Morrow, N.Y., 1971.

This book very thoroughly addresses the issues of the place of women in our society. She argues that the generally accepted view--that a woman's place is in the home--is a myth, and explores its nature. The growth of this myth and its function for men, women, and society in general is thoughtfully analyzed.

JOHNSON, Davis G., and Hutchins, Edwin B, "Doctor or Dropout?", Chapter 8, J. Medical Education, Vol. 41, 1966, pp. 1199-1204.

Analysis of the causes of attrition in medical school in this study focused on normative characteristics of groups of students; interactions of students, faculty, and administration; and institutional characteristics. On the average, the unsuccessful students tend to be older, to have more children, to have experienced more health problems, and to have attended colleges that are less demanding and medical schools that are lower on their preference lists. Performance on the Medical College Admission Test, high school and college grades, and level of premedical education were related to attrition. Related non-intellectual characteristics include value patterns, personality needs, interest patterns, and number of personal problems encountered while in medical school. Contributing to high attrition are a lack of effective communication channels; poor personality interactions with other students, faculty, and administrators; and a discrepancy between what students expect and experience. Characteristics of high-attrition schools include relatively low operating budget, relatively few out-of-state students, and an environment for learning that is less likely to motivate intrinsically.
(FROM: Center for Women in Medicine, 1974)

LINN, Erwin L., "Women Dentists: Some Circumstances about their Choice of a Career", J. Canadian Dental Association, No. 10, 1972, pp. 364 - 369.

A questionnaire was sent to all women dentists in the U.S. to determine what circumstances are present when a woman chooses to enter this traditionally male profession. Since so few women become dentists, those that do need more exposure to dentists for the idea to even occur--thus it was found that the majority of women dentists had parents, relatives or friends who were dentists and had influenced their choice of a career. This was also true in a smaller percentage of men. Furthermore, women making this choice had more acceptance from friends and relatives than would be anticipated. The study also found that the aspect of dentistry which was most appealing to women was independence (33% first choice and 68% first through third choice), with opportunity to serve the public next. Flexibility of hours had only 7% for a first choice, and 38% for a first through third choice.

The most interesting finding, however, was that the choice of dentistry does not necessarily exclude traditional female roles. When asked to make occupational recommendations for 18 year old men and women, women dentists tended to recommend both medicine and dentistry more frequently for a man (two-thirds would recommend dentistry to a woman, three-quarters to a man).

LINN, Erwin L, "Women Dentists: Career and Family", Social Problems, Vol. 18, No. 3, Winter, 1971, pp. 393-404.

Questionnaires were sent to all women dentists, with 785 graduates of U.S. dental schools responding. The data overwhelmingly indicated that this career does not stand in the way of marriage and family--81% are or had been married, and 71% have children. These are higher percentages than for women Ph.D.s. Women dentists are likely to marry men in high status occupations, with more than one-third marrying dentists. Whereas 97% indicated that their husbands had great pride in having a dentist for a wife, some women indicated that they had reduced their work load or left dentistry to please their husbands. Few, however, retired at an early age. Part of the husbands' acceptance might have evolved from their wives' willingness to work shorter hours. At least one-third of the women had interruptions averaging four years, with the reason being pregnancy or family demands. Almost one-half of the women, mainly the married ones, reported moving to a different city because of a change in their husbands' job locations. Therefore, women face problems in initiating a dental practice of their own, as the high costs do not allow part-time hours or interruptions. When asked if their satisfactions came mostly from their career or family, married women answered "family relationships" as most satisfying, while the unmarried women indicated "career". Relatively few women had regrets about their career choice, and rarely noted any prejudice they had suffered as women in a man's career.

LINN, Erwin, "Women Dental Students: Women in a Man's World", The Milbank Memorial Fund Quarterly, Vol. 49, No. 3, July, 1971, Part 2.

Erwin Linn's exploratory study of women dental students represents a first stage, hypothesis-finding expedition in an area previously little researched. His interview questions probe for the reactions of family, friends, fellow (men) students, instructors and (in anticipation) patients, experienced by "women studying in a man's world". Dr. Linn uses the interview technique to build toward the development of survey instrumentation to be used at a later stage of research.

LINN, Erwin L., "Professional Activities of Women Dentists", J. American Dental Association, Vol. 81, December, 1970.

Questionnaires were sent to all women dentists who had graduated from U.S. dental schools, with 785 respondents. In questions relating to current professional activities, 77% indicated they were actively employed in dentistry, 4% had temporarily interrupted their practice, and 18% had retired. However, 38% had reported some interruption, and 26% reported some limiting of workload. Thus, it is reasonable to believe that men in practice have

fewer interruptions and work longer hours. State licensure is also a particular problem for women, who are much more likely to move during their careers (the major reason being the husband's career). It would be useful for these women if state dental practice acts provided prompt reciprocity.

Currently, women are more likely than men to teach or participate in dental health programs. Contrary to the popular belief that most women dentists treat children, only 19% reported their specialties as pedodontics or orthodontics. Recent graduates were most likely to choose these specialties.

MATTHEWS, Margie R., "The Training and Practice of Women Physicians: A Case Study", J. Medical Education, Vol. 45, 1970, pp. 1016-1024.

Investigations at the Duke University Medical Center during the 1967-68 academic year included: 1) the training of women for medical careers from the premedical through the postdoctoral years, including a survey of female medical students and house staff; 2) the attitudes of all clinical department chairmen through personal interview; and 3) the general status of women physicians of preretirment age in Durham and Orange Counties, North Carolina. Programs for women in medicine elsewhere were also explored.

High attrition of premeds was found to be due to lack of encouragement and negative counseling at the undergraduate level.

The greatest needs of the women medical students and those in graduate training were financial. Other important areas were career counseling, child care, and part-time training.

The clinical department chairmen indicated that they would be willing to consider more encouragement for women in the future, but generally they had accepted the status quo and had not yet begun to take positive steps to attract more women into the field.

Among the practicing physicians in the surrounding counties, the single women generally did not complain of discrimination. Some hostility to increasing the number of women in medicine emerged, as though these single women had a vested interest in keeping their numbers small and privileged in status.

Throughout the course of the study, the author found that women themselves as well as administrators seemed unaware of recent trends in adapting medical training to women with family commitments; the women seemed either to have adapted to the standards traditionally set for them or dropped out. The author felt that if special efforts to retain women after internship were made, this might assure continuity of activity and preclude retraining. If women would delineate their needs, perhaps they could develop solutions with their chairmen.

Annotated Bibliography
CONTRACT: HEW OS-74-291

MCGUIRE, Frederick L., "Psycho-Social Studies of Medical Students: A Cultural Review". J. Medical Education, Vol. 41, No. 5, May 1966, pp. 424-445 pp.

This article reviews several studies on the psychological make-up and the social background of medical students. It examines the socio-economic background; factors in the choice of medicine as a career; the nature of stress in medical school; and students' responses, self-image and their attitudes and values. It contains a good, but now dated, bibliography on the subject.

MCKENZIE, Sheila Pereira, "A Comparative Study of Feminine Role Perceptions, Selected Personality Characteristics, and Traditional Attitudes of Professional Women and Housewives." Dissertation Abstracts International. Ann Arbor, Michigan: University Microfilms, No. 72-4117. (HC, $10; MF, $4). 215 pp.

A study was undertaken to: determine whether housewives, elementary education majors, doctoral students in education, and medical students differ in terms of feminine role perception and selected idiographic characteristics; and to determine whether women oriented toward occupations that conform to traditional feminine role expectations differ from women oriented toward occupations that do not conform to traditional feminine role expectations. The Fand Role Inventory, the California Psychological Inventory, the Traditionalism Scale, and a personal data inventory were administered to 120 women representing the occupational categories mentioned above. It was found that: divergent enactment of the feminine sex role differentiates women in terms of feminine role perceptions, selected personality characteristics, and attitudes toward certain social issues; women oriented toward conformistic occupations differ significantly from women oriented toward nonconformistic occupations in terms of selected personality characteristics; women differentiated in terms of occupational orientation do not differ significantly on attitudes toward certain social issues attributed to society; and women differentiated in terms of conformity to traditional feminine role expectations do not differ significantly in terms of attitudes toward certain issues attributed to society. (FROM: Cromwell, NIMH Bibliography, 1974)

MECHANIC, David, Politics, Medicine, and Social Science, John Wiley and Sons, New York, 1974. 306 pp.

In the preface, Mechanic states, "My purpose, here, is to identify the various points at which the social and political context affect health and the practice of medicine, to examine social and organizational dilemmas in medical care, to clarify the intimate relationship between medicine and psychiatric concerns, and to specify how social-science analysis and behavioral perspectives can contribute to the formulation of health policy in the future" (p. vii).

This is a notable book both because of the health care issues discussed and analyzed, and because of the conceptual clarity with which ideas are presented. The pervasive theme is the influence of the social structure on the persons and groups functioning within a setting--a theme which the author skillfully uses in order to demonstrate the interaction of the social system and medicine. (FROM: Contemporary Sociology: A Journal of Reviews, December 1974, p. 650)

MEIR, Richanar, Camon, Anye, and Sardi, Zeev, Prediction of Persistence at Work of Women Dentists, Hadassah Vocational Guidance Institute, U.S. Public Health Services, Division of Dental Health Project No. BSS-DPR-18-4, Jerusalem, Israel, December 1966. (Shorter version in Personnel and Guidance Journal, November, 1967.)

Two hundred and eighty eight (89%) of Israel's 323 licensed women dentists aged 50 years and above were interviewed. A correlation of 0.484 was found between instrumentality (lack of expressivity) and permanence at work. A correlation of 0.343 was found between the effect of intrinsic motives on the choice of the profession and between persistence at work. The correlations between achievement versus ascriptive orientation and persistence at work were lower, ranging between 0.1 and 0.2. The multiple correlation between instrumentality and intrinsivity and persistence at work was found to be 0.547. The multiple correlation of the three variables--instrumentality, intrinsic motivation and achievement orientation--was .548.

It may be concluded that instrumentality and intrinsivity are good predictors of persistence at work. The limitations of the findings were discussed and further research was suggested.

MORGAN, Beverly, "Admission of Women into Medical Schools in the U.S.: Current Status", The Woman Physician, Vol. 26, No. 6, June 1971, pp. 305-309.

The author evaluates various factors which might prejudice the entry of women into medical school. Although equal applicant/accepted ratios exist for men and women, discrimination problems still exist. These tend to lie in the early discouragement of women by vocational counselors, and difficulty in finding financial resources to go to medical school.

MORSE, P. Kenneth, and Moebes, James D. "Effect of Interviews on Admission Decisions", J. Dental Education, Vol. 37, May 1973, pp. 26-28.

To determine the effectiveness of the interview, multiple regression analyses were performed using the following predictor variables: pre-dental GPA, required GPA, DAT Academic Average, DAT Manual average and six scores obtained from the personal interview. The criterion was whether the candidate had been accepted or not to dental school. It is suggested that the function of the interview be used more as a recruiting tool than as a selection tool.

NADELSON, Carol, and Notman, Malkah T., "The Woman Physician", J. Medical Education, Vol. 41, No. 1, 1972, pp. 176-183.

Among the Western countries, the U.S. has a very small proportion of women physicians, with only Spain having fewer. Women have the same acceptance rates as men, but are generally more qualified. The authors assert that "admission on the basis of merit alone without regard to sex would probably lead to a greater acceptance ratio for women" (p. 176). Three stages are identified: 1) choosing a career; 2) the woman as a medical student; and 3) the woman as a physician. In stage 1, women are discouraged from childhood to college from entering medicine, as medicine is a "masculine" career. In stage 2, women face identity problems, as competition, especially competition with males, is viewed as unfeminine, and often results in hostile responses from the men, who find it difficult to relate to women as colleagues. There is also a lack of role models on the faculty. Often women do not show any anger when faced with discrimination, as they have adapted as a necessity to survive that long in the educational and career system. As regards stage 3, the Carnegie Commission stated that only 45% of women physicians worked, especially full-time. However, there are problems with the definition of full-time in medicine. Many people who work 40 hours per week consider themselves part-time vis-a-vis the people who work 60 to 100 hours per week in this profession. Also, unsalaried practitioners who work less than 40 hours per week may fill a "full-time" need. This study found that 91.1% of women doctors are practicing physicians. Women as physicians often have trouble integrating career and family concerns. Often, they take male career commitments as models for their own behavior, resulting in insecurity.

NEWMAN, L.F., "Some Notes on the History and Folk-Lore of Veterinary Science", Paper presented at the Royal Society of Medicine, Kent, England, no date.

Dr. Newman discusses the early history of veterinary medicine, drawing on medieval manuscripts and later writings for references to the care and treatment of animals. While considerable material is available on the role and methods used by physicians, the animal-doctors, drawn from the peasant classes (or gypsies) were seldom mentioned. Farriers' Guilds were established in the Middle Ages and exercised considerable control over their members, and in the 14th and 15th centuries required the presence of a "Master Farrier" when veterinary surgeons operated. The first book of veterinary science appeared in 1530, and the first veterinary college in 1791.

NOTMAN, Malkah T. and Nadelson, Carol C. "Medicine: A Career Conflict for Women", American Journal of Psychiatry, Vol. 130, 1973, pp. 1123-1127.

The authors consider some of the issues involved in women choosing medicine as a career. Sex-role stereotyping, social pressures, and advising are included. They discuss coping mechanisms for dealing with the anxiety of medical school and defining oneself as a woman in a "man's world". In conclusion, they recommend: 1) recruitment programs supported by medical

schools to enlighten advisers and students in high schools and colleges about the possibilities of medical careers for women; 2) availability of women in administrative and faculty positions for meeting with women students in groups or individually as the need arises; 3) flexible internships and residency training programs in all fields for all students; 4) support for women seeking training programs in areas not traditionally "feminine"; 5) active health programs with gynecologic and family planning services and psychiatric consultation. (FROM: Center for Women in Medicine, 1974)

O'SHEA, Robert, "Dentistry as an Institution", The Milbank Memorial Fund Quarterly, Vol. 49, No. 3, July 1971, Part 2.

Robert O'Shea's "Dentistry as an Institution" is an attempt at macrosociologic description; it looks at the major organizational role structures of North American dentistry and tries to put them into both historic and functional contexts. There has been very little work using this approach, and his article more or less is a first attempt to view dentistry through this perspective. (FROM: The Milbank Memorial Quarterly, Introduction, p. 11)

PENNELL, Maryland Y., and Renshaw, Josephine E., "Distribution of Women Physicians, 1971", J. of the American Medical Women's Association, Vol. 28, 1973, pp. 181-186.

About 27,000 women physicians were located in the United States and Possessions on December 31, 1971. Of this number, nearly 22,600 were professionally active--19,700 in direct care of patients and the balance in other medical activities such as teaching, administration, and research. Large numbers specialize in pediatrics, psychiatry, internal medicine, and general practice. About 1,300 are federal employees. Three-fifths of the non-federal active women physicians are located in California, Illinois, Massachusetts, New Jersey, New York, Ohio, and Pennsylvania.

Women physicians account for 7.1% of all active MDs by major professional activity--6.9% of those in patient care and 9.0% of those in other medical activities. Classified by primary specialty, 21.3% of all pediatricians and 18.8% of all public health physicians are women: also 4.5% of the federal physicians. More than 10% of the non-federal active physicians in Alaske, District of Columbia, and New York State are women.

Between 1970 and 1971 the number of women physicians increased by 1,633, including 1,245 in active practice. The rate of increase of active physicians was greater for women than for men. (FROM: Center for Women in Medicine, 1974)

POWERS, Lee, Parnelle, Rexford, and Weisenfelder, Harry, "Practice Patterns of Women and Men Physicians", J. Medical Education, Vol. 44, June 1969.

This survey of medical school graduates undertaken in 1965 is essentially a replication of the 1953 Dykman and Stalnaker study. The findings are very similar in many instances, while in other areas trend changes have occurred.

The study found that twice as many subjects in the current study were married before graduating from medical school, and 50% of the women in both studies married physicians. Women tend to specialize less than men, but when they do, two-thirds chose either pediatrics, psychiatry, internal medicine, or anesthesiology. Forty-five percent of the female respondents reported full-time medical activity, vs. 95% of men. For the year 1964, women averaged 1,932 hours of work, and men 2,831 hours. Men worked 30% more hours and attended one-third more patients. The number of hours worked by women directly related to family size, with larger families resulting in less work.

RENSHAW, Josephine, and Pennell, Maryland, "Distribution of Women Physicians, 1969", The Woman Physician, Vol. 26, No. 4, April 1971, pp. 187-195.

The AMA "physician master file" shows that at the end of 1969, 84.3% of the women physicians in the U.S. were professionally active. Their distribution by field, practice and geographical locale is analyzed.

RAYAK, Elton, Professional Power and American Medicine: Economics of the American Medical Association, The World Publishing Co., Cleveland, 1967.

An analysis of organized medicine's role in the medical marketplace. According to Rayak, organized medicine has used its professional organizational power to limit the supply of physicians, to restrict the practice of health practitioners who might be in competition with medical doctors, to control hospital staff privileges, and to oppose the development of voluntary health insurance. Rayak analyzes this structure and growth of the AMA (American Medical Association) in finding that it had functioned mainly to serve its own economic interests. He proposes curbing organized medicine's power by limiting the physician's role in health policy to that of advisory only. A well-researched and written book which documents the restrictive practices of organized medicine.

RIPLEY, Theresa Margaret, "Discrimination Against Women Professionals in a Male-Dominated Profession by Women Consumers", Dissertation Abstracts International, Ann Arbor, Michigan: University Microfilms, No. 72-14754 (HC, $10; MF, $4). 115 pp.

Eighty women were asked to rate a male and female dentist under varied conditions of kind, amount and quality of information. It was hypothesized that greater quantities and higher qualities of both personal and professional information in favor of females would result in higher ratings for female professionals. Study design involved four groups of subjects, each participating in a decision-making situation involving four steps. Statistically significant differences in favor of the woman dentist's rating were obtained for a greater quantity and higher quality of professional information, but ratings based on more and higher quality personal information

were not significant. Differences between ratings of working status and traditional and nontraditional attitude of subjects were not significant. (FROM: Cromwell, NIMH Bibliography, 1974)

ROSEN, R. A. Hudson, "Occupational Role Innovators and Sex-Role Attitudes", J. Medical Education, Vol. 49, June 1974.

A report on some aspects of sex-role attitudes found among women in medical schools, both as students and faculty. The article is concerned with their norms for women's roles, and how they may differ from those of their male peers, and the nature of the differences which do exist. It also contains a comparison of the views of women students and those of women faculty.

ROSSI, Alice S., "Women in Science: Why So Few?", Science, Vol. 148, May 1965, pp. 1196-1201.

In our society, both men and women value the role of the latter as wife and mother. Thus, women do not enter the more demanding careers such as science. When they do enter the labor market, it is often sporadic, in their early 20s before they bear children, or in their late 40s and 50s after their children are grown. Consequently, their most creative years are spent raising children rather than working outside the home.

The author suggests that domestic and family responsibilities should be more equally divided between the husband and wife, allowing the women more flexibility to work. This problem of having both domestic and career concerns should not be viewed as a personal one, but rather as a problem which the society must handle.

SASSOWER, Doris L., "Women's Rights in Higher Education: Toward Full Equality", Current, Vol. 145, 1972, pp. 29-34.

A review of the legal rights of women in higher education is presented. Faculty distribution, salaries, rates of promotion, nepotism rules, graduate and undergraduate policies relative to admissions, fellowships, scholarships, aid and loans are areas in which double standards are characteristic and in which women will be litigating. The grievance actions of women in higher education are not merely economic but, more fundamentally, are a justified rejection of entrenched practices which have subordinated women, even those most highly educated, and which have relegated them to inferior positions. Reference is made to existing laws concerning the rights of women and to cases which have been litigated or are pending. There are still many administrators who, by practicing sex discrimination, are acting in an illegal as well as socially and morally unacceptable fashion. (FROM: Cromwell, NIMH Bibliography, 1974)

Annotated Bibliography
CONTRACT: HEW OS-74-291

SCHER, Maryonda, "Women Psychiatrists in the United States", American Journal of Psychiatry, Vol. 30, No. 10, 1973, pp. 1118-1122.

The author presents data about the number and percentage of women in medicine, along with their motivations for entering this profession. She also gives recent data about women in psychiatry: their number, areas of specialization, hours worked per week, work settings, etc. After presenting views of the stereotype of the woman physician-psychiatrist and pointing out some of the myths that have been perpetuated, she concludes with the observation that only by working together in the spirit of mutually respectful inquiry can men and women correct the mythologic errors and enlighten one another. (FROM: Cromwell, NIMH Bibliography, 1974)

SCHWABE, Calvin W., What Should a Veterinarian Do?, The Centaur Press, Davis, California, 1972.

Primarily aimed toward begining or aspiring veterinary students, this book describes the multiple roles veterinary medicine plays in modern society. The various chapters are taken from previous publications and class lectures by the author, except for Part III, which contains five chapters contributed by other veterinarians describing their work, client relations, community and humanitarian concerns. Part I addresses the job possibilities for graduates of veterinary colleges in both human and animal health fields. Part II is concerned with the development of the profession, its problems, weaknesses, lack of appreciation by the public and by human medicine, and the goals of veterinary education and research. Part III focusses on the qualities of the practitioner as a human being--the humaneness of the profession, its people-orientation, and its ideals and values.

SHAPIRO, Carol S., et al., "Careers of Women Physicians: A Survey of Women Graduates from Seven Medical Schools, 1945-1951", J. Medical Education, vol. 43, No. 10, October 1968, pp. 1033-1040.

Surveyed 269 women who graduated from seven medical schools in the Middle Atlantic states from 1945 through 1951. At the time of the study, the women were either into or past the child bearing years, and thus were representative of women who face the difficulties of combining both familial and professional responsibilities. Ninety-one percent of the women were in active practice. Childless women almost without exception were working full-time, while the majority of women with family responsibilities were also working, but at a reduced level.

SHAW, Clayton T., "Societal Sanctioning--the Pharmacist's Tarnished Image", Social Science and Medicine, Vol. 6, No. 1, February 1972, pp. 109-114.

This study analyzes pharmacy's lack of social acceptance as a true profession. The alienation of the retail pharmacist from a professional orientation results from such factors as: 1) although the modern pharmacist learns both basic

technology and theoretical knowledge, professionalism is not a formal part of training; 2) the pharmacist is seen essentially as a technician following physicians' orders, and is given little professional decision-making powers; and 3) business pressures emphasize pharmacy's profit role rather than professional role, which is reinforced by federal restrictions on the practice of pharmacy. Therefore, the practice of selling useless products for profit, unfair laws, and competition from big business reduces the possibility of the emergence of medically-oriented professional pharmacists. However, some possible steps to be taken in this direction include the establishment of: 1) laws which are more contemporary with current educational standards of pharmacy; and 2) a professional rapport between patient and pharmacist through social contact.

SHERLOCK, Basil J. and Morris, Richard T., Becoming a Dentist: A Longitudinal Study of Dental Students, Charles C. Thomas, Springfield, Illinois, 1972.

This book reports on the evolution of the professional in dentistry, being a longitudinal study of 270 dental students. Students from three California dental schools were studied throughout their four years of training by means of questionnaires, interviews, observations and test scores. The effects of student background, motivations, school experiences and friendship networks upon becoming a professional were measured. How these recruitment and school factors influence the incorporation of technical skills and knowledge, professional ethics, career plans and other aspects of professionalism was determined.

The data presented here show that the students became more resistant to the incorporation of professional values. Professional ethics were highest in the first year of school and declined precipitously throughout the remaining three years while cynicism increased in like measure. Interest in specialization or in dental research also declined sharply after the first year.

The elite students from high socioeconomic backgrounds, with fathers in the health professions, with good college grades, etc., were the most likely to have a low degree of professional ethics.

The myth of dentistry as a "second choice profession" was shown to be inaccurate. However, the average dental student looked upon dentistry as a vehicle for his upward mobility, conceiving it to be as much an entrepreneurial career as a professional calling. Suggestions aimed at improving the recruitment and education of dentists to meet the future need for socially conscious health-professionals are made on the basis of these findings.

The 270 respondents represent the total number of students for five entering classes of the three schools studied. Some of these students must have been women, but Sherlock and Morris do not differentiate students by sex; in fact, they assume all students to be male throughout the study.

SHUVAL, Judith T., "Sex Role Differentiation in the Professions: The Case of Israeli Dentists", J. of Health and Social Behavior, Vol. 11, September 1970, pp. 236-244.

Report of a 1969 study of sex role differentiation among dentists in Israel. The analysis was based on interviews in offices or homes with 522 dentists in Greater Tel Aviv, Haifa, and Jerusalem. The sample included 77 percent of all dentists under the age of 65 practicing in these communities, one-third of whom were women. The following aspects of professional role performance were considered: 1) setting and conditions of practice; 2) decision-making processes; 3) professional interaction; and 4) composition and behavior of the patient population. Despite the equalitarian values of Israeli society and the universalistic norms of the dental profession, evidence was found for traditional sex role differentiation in several areas of professional performance. Women dentists tended more than their male colleagues to treat children and to treat less educated and lower-class patients. Women tended more to general dental practice and less to a combination of general and specialized practice. As a result, it has been suggested that women in dentistry probably enjoy less status and prestige than their male colleagues. Women worked fewer hours than men, carried a lighter patient load, read fewer journals, and engaged in less professional interaction with colleagues. Tables. References.

SMITHCORS, J.F., The American Veterinary Profession, its Background and Development, Iowa State University Press, Ames, Iowa, 1963.

Dr. Smithcors traces the development of the practice of veterinary medicine in the United States from an unregulated and relatively backward science to the present state of the profession. While the book represents an enormous amount of research, it does not proceed in any sort of linear fashion, making it difficult to date a particular phenomenon and to compare events, personalities, etc. to determine trends. Dr. Smithcors does provide the most complete review of the scientific advances, appearance of agricultural and veterinary journals, development of veterinary societies and associations, early schools, legislation regulating veterinary practice, key individuals, public health issues, and the impact of social events (wars, industrialization, the automotive industry, etc.) on the rise of the profession.

SMITHCORS, J.F., Evolution of the Veterinary Art, Veterinary Medical Publishing Co., Bonner Springs, MO., 1957.

An exhaustive compilation of the development of the art (technical skills and scientific treatment) of veterinary medicine up until 1850. Smithcors cites references to the treatment of animal wounds and diseases from the earliest written sources (the Code of Hammurabi, for example) to the beginnings of the establishment of veterinary medicine as a legitimate profession. The book provides valuable insight into the control, legislation and other legitimizing activities which helped shape the professions, but primarily concentrates on the practice of the healing arts.

Annotated Bibliography
CONTRACT: HEW OS-74-291

SOMERS, Anne, Health Care in Transition: Directions for the Future, The Hospital Research and Educational Trust, Chicago, 1971.

An excellent short book by one of the leading writers on the medical care field. This work, in clear, concise terms states some of the basic problems facing the health care delivery system. In the second part of the book, Professor Somers suggests some guidelines for resolving the problems established in the first part of the book to help in the development of a national health care policy. Included in the second part of the book is a chapter each on Consumer Health Education, a redefinition of professional health care roles, the rationalization of community health care services, and a discussion of major proposals, issues and goals of national health insurance. As in her previous works, Professor Somers does an excellent job in stating the problems, issues and goals.

STEINBERG, David N., "Changes in Attitudes of Dental Students During the Professional Education", J. Dental Education, Vol. 37, May 1973, pp. 36-41.

Dental students were administered an attitudes questionnaire during their first, third and fourth years of dental school. Items were evaluated on a four point scale from "Extremely Wrong" to "Not at all Wrong". Response patterns exhibited marked changes over the three year period of time. The question still unanswered is: What happens during dental education so as to change student attitudes so much?

STIMPSON, Catharine R., ed., Discrimination Against Women, R. R. Bowker Co., New York, 1973. 558 pp.

An edited version of the two-volume Government Printing Office edition of the special congressional hearings of 1970 on discrimination against women in education and unemployment. Part I contains the oral testimony, including written documents only where the oral testimony seems confusing without them. Part II contains the written material and is divided into seven categories: women and work, women and the law, women and education, women and the professions, women and government action, and model remedies. (FROM: Cromwell, NIMH Bibliography, 1974).

STRANGE, Evelyn M. and Lu, K.H., "Attitudes of Senior High School Students Toward Dentistry as a Career for Women", J. Dental Education, Vol. 29, No. 2, June 1965, pp. 175-178.

A decrease in the number of qualified applicants to dental schools, combined with the awareness that the U.S., with women dentists comprising only 1.2% of the dental population, is far behind other countries, inspired this study to assess the attitudes of high school seniors towards a career in dentistry as a prerequisite for a more effective recruiting program. The subjects were seniors from six high schools in Texas, Indiana, Georgia, Pennsylvania, and Walnut Creek, California. The educational level of parents was not considered an important variable for the objectives of the study. The data was analyzed

by the Komogorov-Smirnov two-sample test, focussing on the differences in answers between the sexes. The data indicated that dentistry as a profession is rated quite low by the students, even though the earning power equals that of physicians. The majority of women indicated that dentistry was a good career choice for men, but only one-third thought it a good career choice for women, as most felt that it would conflict with the traditional role as wife and mother. It was not felt that women could not be good dentists, but that a wife should not be one. Only a small minority felt that more women should become dentists.

More women (51%) than men (44.5%) believe that euqal opportunities are extended to men and women in dental school admissions. The most frequent answer for not choosing dentistry as a career was a lack of interest. Other reasons, comprising 21-32% of the answers, were: the amount of time involved; a perceived lack of scholarship and skills; financial difficulties; and a paucity of information. The data shows most clearly that the family dentist had little to do with a student's choice of dentistry as a career; parental counsel was shown to be most effective.

In order to improve recruitment rates, especially for women, the authors suggested that: 1) improved education for the public in the importance of dental care should be provided; 2) the profession should make available to prospective high school graduates more detailed information on opportunities in dentistry; 3) comparable information should be made available to the students' parents; and 4) active women dentists should be instrumental in demonstrating that a dental career and homemaking are not necessarily incompatible.

SULLIVAN, Margaret P., "A New Era: Challenges for the Woman Physician", J. American Medical Women's Association, Vol. 29, No. 1, January 1974.

Margaret Sullivan was elected president of AMWA in 1974, and this article is her inaugural address. It reviews briefly the increase of women entering the profession and the data on women practitioners. She also reviews the deplorable status of women faculty (and research assistants) in medical schools. She urges three areas of focus for the future: 1) special emphasis on the precise area of medical specializations (with regard to counselling for medical students) so that professional and family lives will be comparable; 2) a plan for continuing education (to remain current with and/or re-enter the profession) and 3) women physicians must become activists--they must attend and participate (in meetings), volunteer and produce.

TANGRI, Sandra Schwartz, "Determinants of Occupational Role Innovation Among College Women, J. Social Issues, Vol. 28, No. 2, 1972, pp. 177-199.

The relationship between nonsextypical occupational choices and background, personality, and college experience is investigated. The study is based on 200 college senior women. Role innovators are more autonomous, individualistic, and motivated by internally imposed demands to perform to capacity. Rather than cross-sex identification, there is some evidence of role modeling of

more educated working mothers. The role innovators' career commitment is greater, yet they have as many romantic and friendship relationships with men as do traditionals. Faculty and female college friends provide role support, but a supportive boyfriend may be more important at this stage. A four-part typology is suggested in which role modeling and the type of maternal model are related to motivational patterns and occupational choice. (FROM: Cromwell, NIMH Bibliography, 1974)

TRESEMER, David and Pleck, Joseph, "Maintaining and Changing Sex Role Boundaries in Men (and Women). Paper prepared for Women: Resource for a Changing World, Radcliffe Institute Conference, 1972.

The paper discusses the social psychological issues involved in the inception in childhood and continuance through adulthood of traditional sex role boundaries. Generally, the characteristics associated with men and women have both to do with the kind of tasks each does and the style in which it is performed. An analysis of men's reactions to the changing role of women (becoming more involved with instrumental/task functions and less with expressive/socio-emotional functions) is shown as taking two "defensive styles": sex stereotyping and hostile resistance. Both are reactions to a change in the status quo with different personality types tending to adopt different strategies.

WALSTER, Elaine; Cleary, T. Anne; and Clifford, Margaret M., "The Effect of Race and Sex on College Admission", Sociology of Education, Vol. 44, 1970.

Two hypotheses were tested: 1) a black candidate for admission to college would be preferred to a comparable white candidate; and 2) a comparable male would be preferred to a female candidate. Applications were sent to a random sample of 240 American colleges and universities. The application forms were identical in all aspects except race and sex, with three different student ability levels chosen. Each college was sent a single application with a randomly assigned race, sex and ability level. Contrary to expectations, white applicants were accepted slightly more frequently than black. As predicted, however, men were preferred over women. In considering the relationship between sex and ability, it was found that men were significant preferred over women at the low ability level, but not at the higher levels. However, since more students fall into the lower ability categories, overall, women are discriminated against in college admissions. Thus, women with exceptional abilities are less likely to be discriminated against than women with poor abilities. The authors found that the following variables were not relevant to the findings: school size; public or private status; religious or secular orientation; small or large city location; region of the country; and a two-year versus a four-year school term.

Annotated Bibliography
CONTRACT: HEW OS-74-291

WEINBERG, Ethel, "Part-Time Residency Training", J. American Medical Association, Vol. 210, 1969, pp. 1435-1437.

To make medicine a more feasible career choice for women, increase the level of training, and therefore, the quality of practice, it is important to decrease the scheduling rigidity of standard residency programs. The article reports the results of a 1968 survey of certifying boards ascertaining if they would accept part-time training toward the requirements for certification. Objections to part-time scheduling--patient care problems, institutional inconvenience, and program inadequacies--are discussed. (FROM: Center for Women in Medicine, 1974)

WEINBERG, Ethel and Rooney, James F., "The Academic Performance of Women Students in Medical School", J. Medical Education, Vol. 48, 1973, pp. 240-247.

A survey of major measures of academic performance of men and women in medical school reveals that although women's performance in the early years is slightly but consistently lower than that of men, overall academic performance is equal by the senior year. Women students achieve an average score on the freshman year subjects in the National Board examinations of 1.93 points less than male students. On the second year subjects, the difference has decreased to 0.68 points. The science subtest scores of the Medical College Admission Test predict these differences in that women students whether science majors or humanity majors, score lower than their male counterparts.

The differences in total scores on Part II of the National Board examinations are virtually zero. Women lead in three sections and men lead in three sections. With certain exceptions, National Board examination scores of women tend to vary less than those of men. Although attrition for academic reasons is slightly less high for women than for men, the likelihood of their being selected for membership in Alpha Omega Alpha National Honor Medical Society is at least equal to or slightly greater than that of their male counterparts.

WEISMAN, Robert A.; Weinberg, Paul C.; and Winstel, James, W., "On Achieving Greater Uniformity in Admissions Committee Decisions", J. Medical Education, Vol. 47, August 1972, pp. 593-602.

A model for the admissions process is described with the intention of adding some stability to a very complex task. Methods of modification of the model to individual environments are discussed.

WHITE, Martha S., "Psychological and Social Barriers to Women in Science", Science, Vol. 170, 1970, pp. 413-416.

One of the main barriers to women's achievement of excellence and commitment is the expectation that women's career patterns and motivation will be the same as men's. The dominant (and in many cases preferred) life pattern for

many highly trained women still includes multiple roles, dual commitments, and occasional interruptions. Now men as well as women are interested in new career patterns, with the emphasis on deeper knowledge or more varied experience, greater personal satisfactions.

Women are often left out of the social aspects of a profession--the period of role learning in scholarly, academic or scientific professions; access to the brains of fellow scientists--sharing lunch breaks, etc. and other opportunities for contact. The author also discusses the protege system, its merits, and why women suffer from it. (FROM: Center for Women in Medicine, 1974)

WILLIAMS, Julia Anne McCoy, "Sex Role Conflict and Academic Achievement: A Study of Superior Women Students", Dissertation Abstracts International, Ann Arbor, Michigan. University Microfilms, No. 71-14995 (HC, $10; MF, $4). 200 pp.

The influence of selected variables upon the relationship between role conflict and the level of academic achievement attained by a group of high ability women students was investigated, and the effect of this relationship upon current and future educational and personal decisions was determined. In general, the relationship between role conflict and academic achievement for this group of superior women was found to be a negative one with increases in one variable accompanying decreases in the other. The magnitude of this relationship appeared to be influenced at some levels of the variables studied. Specifically, negative relationships which reached significance were found for the unmarried women in the group as well as for those women whose religious affiliations were with more traditional Protestant churches. Significant negative relationships were also found for those women whose mothers had discontinued their own education with the birth of children. In general, it appeared that although interpersonal role conflict was present for much of the group, only when accompanied by intrapersonal conflict did it create a problem which manifested itself in lowered academic achievement. Differences in the patterns of choice of traditional or nontraditional major fields of study and in the tendency to persist in those fields were found among the women in the group. The majority of those women who were high achievers, regardless of level of role conflict, were clustered in traditional fields of study and were not as likely to have changed fields. (FROM: Cromwell, NIMH Bibliography, 1974)

WILLIAMS, Phoebe A., "Women in Medicine: Some Themes and Variations", J. Medical Education, Vol. 46, 1971, pp. 584-591.

In 1967 the Radcliffe Institute sent questionnaires to Radcliffe College alumnae who had enrolled in medical school. The group consisted of 212 graduates of medical school from 1909 to 1966. The major reasons for choosing a career in medicine were interest in the subject matter, desire to be of service, and need for independence. Relationship with an encouraging

adult was an important influence in choosing medicine. The major concerns were financial and the problems of combining marriage and a career. The most frequent solution to the marriage-career conflict was to reduce career demands. Two-thirds of the group were working 35 or more hours a week.

WILLIAMS, Robert L, "Gamble on High Risk Students: How it is Working", American Association of University Women Journal, Vol. 62, May 1969.

More than 50% of all colleges and universities today have programs for disadvantaged students, although most are little more than token efforts. With the exception of predominantly black colleges, there is greater involvement in private than in public institutions with the educationally disadvantaged. The term "high risk" usually refers to an economically poor student who, according to traditional predictive criteria, is not likely to succeed at a particular school; but also includes students who are antagonistic or apathetic to traditional education. The author discusses both the negative characteristics of such students and those which are interpreted as a sign of educability.

Some schools waive traditional admission standards, and rely upon interviews and recommendations, as well as providing a wide variety of special assistance programs. The initial results elicit a guarded optimism. Both on the basis of the testimony of program directors and his own observations, the author includes a lengthy list of recommendations.

WILSON, Marjorie P., "Women in Medicine: Improving Prospects?", J. Medical Education, Vol. 47, No. 4, 1972, pp. 303-304.

The position of women in medicine is discussed. Women today are seeking not only equal educational opportunity but also more and better faculty positions. Women have emphasized legal action rather than demonstrations to gain equal opportunities. If the quality of personality required to provide the element of health care or medical care which can best be met by a human relationship can be combined with technical competence through equal educational opportunity, there is little which precludes women from assuming full professional responsibility. The concern rather is with the formidable obstacles to carrying on a full career along with family responsibilities. The problem is not with qualifications or competence but with the means of utilizing their educational opportunity as fully as possible. (FROM: Cromwell, NIMH Bibliography, 1974)

WOLOCK, Isabel and Wellin, Edward, "Social Organization of the Dental Profession in a Small City", The Milbank Memorial Fund Quarterly, Vol. 49, No. 3, July 1971, Part 2.

Isabel Wolock and Edward Wellin studied the social organization of the dental profession in a small city, and their article represents one of the few

pieces of research in dentistry that utilized the mapping of colleague networks, their bases and consequences. In many ways it bears comparison and contrast with Oswald Hall's early work on physicians. (FROM: The Milbank Memorial Fund Quarterly, Introduction, p. 11)